

The Effect of EMDR on Childbirth Anxiety of Women With Previous Stillbirth

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Eye movement desensitization and reprocessing (EMDR) therapy is a form of psychotherapy used for individuals who have experienced stress-related injuries. Having an unpleasant experience of previous childbirth can cause anxiety and fear of labor in women during the next childbirth. The aim of this study was investigating the effect of the EMDR therapy on childbirth anxiety among multiparous women in the next normal pregnancy, following a prior stillbirth. A randomized controlled clinical trial was conducted with 30 pregnant women after they were admitted for delivery in an urban hospital in Qazvin, Iran, in 2016. The participants were selected using a convenient sampling method and then were randomly assigned into two groups, EMDR intervention ($n = 15$) and usual treatment control ($n = 15$). The Van den Bergh Pregnancy-Related Anxiety questionnaire was used to collect data before treatment (on admission when recruited for study) and after treatment (within 24 hours after childbirth). The EMDR therapy for the intervention group was performed with a 90-minute session when participants were admitted in hospital for delivery. The control group received only routine care. Data were collected using descriptive and inferential statistics and $p < .05$ was considered statistically significant. A statistically significant reduction in the mean anxiety in the EMDR intervention group compared to the control group was reported. Also, a reduction in the scores of posttest compared with pretest was observed in the EMDR intervention group ($p < .01$). The EMDR therapy reduced childbirth anxiety in pregnant women during normal pregnancy, following previous stillbirth.

Keywords: pregnancy; anxiety; eye movement desensitization and reprocessing (EMDR) therapy; fear of childbirth; stillbirth

Pregnancy and childbirth are important events in women's lives, and even healthy women experience anxiety due to uncertainties in pregnancy (Madhavanprabhakaran, D'Souza, & Nairy, 2015; Rauchfuss & Maier, 2011). Pregnancy-related anxiety influences the health of pregnant women and increases the probability of preterm labor, prolonged labor, cesarean section, and low birth

weight (Catov, Abatemarco, Markovic, & Roberts, 2010; Lobel et al., 2008).

The prevalence of anxiety is different according to gestational age, with the highest levels of anxiety experienced in the first and third trimester (Teixeira, Figueiredo, Conde, Pacheco, & Costa, 2009). The prevalence of pregnancy-related anxiety is reported to be 14%–54% (García Rico, Rodríguez, Díez, & Real,